Grassroots Advocacy Handbook
Perhaps your first thought is: “Why does my state need a law to require certification of surgical technologists?” “Or, why should I become involved?”

To ensure quality patient care and achieve optimal surgical outcomes, it is necessary to assure competence of all members of the surgical team, including surgical technologists. In response to this need, the AST House of Delegates determined that AST’s legislative mission is to require all surgical technologists graduate from an accredited program in surgical technology and hold and maintain the CST credential.

As a surgical technologist, you are a valuable, indispensable member of the surgical team, in conjunction with surgeons, anesthesiologists and nurses. Your expertise as a surgical technologist is critical to enhance patient safety and care in the operating room sterile field. In fact, the profession was created in response to the need for highly skilled operating room professionals.

Patients and their loved ones assume and expect quality patient care by everyone who is in the operating room. They assume that all personnel caring for them are properly educated and have appropriate clinical experience and expertise. Yet, patients would be alarmed to learn that in most states, surgical technologists are the only professionals in the operating room who are not required to have any particular education and training credentials before they are hired by the hospital, clinic or surgical ambulatory center. This means there is no law to assure objective evidence that the surgical technologist in the sterile field is competent to perform the vital responsibilities. And, surgical technology is experiencing explosive growth, particularly in clinics and ambulatory surgery facilities. According to the Bureau of Labor Statistics, surgical technology is projected to increase by 24 percent through 2016.
On the surgical team, YOU are the most qualified expert in surgical technology. You have the education. You have the experience. You have a medical conscience. In the words of a Wisconsin surgeon who supports certification, “Every minute a surgical patient is under anesthesia increases the risk. A credentialed surgical technologist helps to keep that precious time to a minimum.”

Surgical technology is your profession. Your profession is at stake. Surgical technologists are responsible for protecting this important profession that is, in turn, essential to patient safety in the operating room. If you do not stand up and speak out someone else will make decisions about the surgical technology practice – and future competency and reputation of your profession.

Thank you for your commitment to the surgical technologist profession. We hope you will be inspired to lend your voice to this important campaign in your state. The following sections will help state legislative leadership prepare, in conjunction with guidance from the AST Government Affairs Department, to develop and carry out an effective campaign to pass a law requiring the Certified Surgical Technologist credential as a prerequisite to employment.

“It is the duty of every citizen according to his best capacities to give validity to his convictions in political affairs.”

Albert Einstein
AST is committed to achieving higher surgical patient safety standards in each state. The goal of AST is to enact a law in each state that will ensure surgical technologists are graduates of accredited surgical technology programs and certified by the National Board of Surgical Technology and Surgical Assisting (NBSTSA).

To achieve this goal, AST developed model legislation, the Surgical Technologist Entry-to-Practice Model Legislation. Bills with provisions similar to the model bill will ensure education and certification requirements for healthcare facility employers who hire newly-practicing surgical technologists.

The AST model entry-to-practice legislation does not expand the scope of a surgical technologist’s responsibilities, nor does it repeal or modify state laws relating to supervision of surgical technologists. The Model Legislation is printed in Appendix A.

States that have enacted variations of the Surgical Technologist Model Legislation into positive law as of 2012 are: Idaho, Indiana, New Jersey South Carolina, Tennessee, and Texas. As of 2012, two other states, Colorado and Washington, require registration and Illinois provides for voluntary registration. Unlike credentialing, registration does not guarantee competency.

The AST Model Entry-to-Practice may not be the exact language that becomes adopted in each state. The language changes as it moves through the legislative process. Because existing laws differ among the states, stakeholder input varies during the legislative process and the legislators who sponsor the bill have their own views. See Appendix B for a generic overview of how a bill becomes law. It is important that as an active participant in your state’s campaign, you become familiar with the particulars of the legislative process in the state. AST Government Affairs staff, your lobbyists and other experts will explain the process and assist you every step of the way.

“Never inquire how laws or sausages are made.”

Otto von Bismarck
Part III  Making Your Voice Heard, Step-by-Step

Section 1. Selecting the Lobbyist and the Lobbyist’s Roles and Responsibilities

An effective lobbyist will bring substantial value to the state campaign: practical knowledge of the state legislative process and working relationships with legislators. The lobbyist also has keen eyes and ears to identify opponents and their strategies and to recommend tactics to overcome them.

The usual roles and responsibilities of the campaign’s lobbyist are fivefold:

1. Work with AST Government Affairs and the state legislative leadership to develop the campaign plan and to advise on timing for launching the campaign. In addition, the state leadership and lobbyists must determine mutual communication expectations.

2. Identify the legislators to approach as the potential sponsor and co-sponsors of the bill.

3. Discuss with the bill sponsor which legislative committees will offer the best opportunity for moving the bill forward. In most states the Speaker of the House and Senate Majority Leader ultimately make the committee assignments but sometimes there is room to influence this decision by working with the bill sponsors.

4. Determine which legislators should be targeted for elevated attention during the various stages of the campaign. Find out the position of each legislator who sits on the committee that will hear the bill, as well as other key legislators. Identify the opponents of the bill – legislators and stakeholder organizations opposing the legislation - and the particular arguments each is making.

5. Communicate effectively with the campaign through the AST Government Affairs, as appropriate. Inform of new developments promptly, report on legislative hearings and meetings, count votes frequently as the bill proceeds, discuss status
Questions to Ask When Interviewing a Lobbyist

Tell us about your lobbying firm.

Which member of your firm would be our primary contact?

Which health care clients do you represent?

What relationships do you have with leadership and key legislators?

If hired, how would you familiarize yourself with the profession of surgical technology?

Do you have any experience with licensure, certification or registration legislation?

Please tell us about a successful proactive legislative campaign you have led in the past. Who was the client? What was the client’s main goal? What were the obstacles? What strategies did they employ to pass the legislation?

Is grassroots activism one of your key strategies? Why or why not?

What is your fee?

Do you have any potential conflicts of interest with other clients?

Has anyone ever filed an ethics complaint against your or anyone currently employed by your firm?

Ask for two or three references.

and progress, and advise on needed actions. The lobbyist’s responsibility is to stay in close contact with key legislators. As discussed in later sections, the state leadership, grassroots supporters, grasstops, and stakeholders also must meet with legislators, in coordination with the lobbyist.

The lobbyist will increase rather than decrease the importance of the state leadership, an active, passionate grassroots network, and a group of allied organizations who will champion the bill.

If and when the state assembly leadership determines they want to hire a lobbyist to work with them on the campaign, the first step is to confer with the AST Government Affairs Department. AST will consider the timing, and if appropriate, initiate the process of searching for a suitable lobbyist.

AST will narrow the search to a short list of finalists, usually two or three candidates. The state leadership group will interview the finalists in conjunction with AST Government Affairs. The interview questions focus upon the candidates’ relative access to legislators, reputation for gaining inside information, record for influencing passage of bills, extent of familiarity with the health care industry, communication style in working with clients, and any conflicts of interest and ethics complaints.

Preferably the interviews are conducted in person, although sometimes it becomes necessary to interview a candidate on a conference call. As soon as the preferred candidate is selected, AST Government Affairs will negotiate the contract. If a workable fee cannot be negotiated, AST will enter into negotiations with others.
After screening lobbyists with health care experience, the AST Government Affairs staff provided the short list of three candidates to the state campaign chair and her interview committee. Candidate A was an experienced lobbyist at the state legislature who had lobbied successfully for a professional education association. Candidate B touted influence and access to the legislators and cited experience lobbying on behalf of green energy companies. Candidate C boasted about relationships with legislators and exhibited a “we’ll take care of you” attitude.

Section 2. Developing the State Legislative Campaign Structure and Plan

There is no singular or standard campaign structure for a state assembly to adopt. Some states choose their state assembly board chair as the campaign chair. Others designate the chair of the Government and Public Affairs (GAPA) Committee and still others choose to follow the lead of a passionate AST member in the state without the committee construct.

The clear goal of a state assembly’s legislative campaign is to pass a bill that requires the Certified Surgical Technologist credential as a condition for employment for all newly-practicing surgical technologists. The overarching rationale for the bill is to enhance patient safety in the operating room.

To achieve this goal, AST Government Affairs, the lobbyist and the state campaign chair (or leadership group) will develop the campaign plan. A campaign plan consists of several components: the goal, objectives, strategy, a clear message and a communications plan.

Before developing the campaign plan, AST and state leadership must assess the current situation objectively to ensure the resulting plan will be feasible. There are several questions, the answers to which will illustrate the assessment process. Questions include but are not limited to the following: How much time do we have to develop a grassroots network and to build strategic alliances before the next legislative session? Do we have a state leader for this campaign? What structure is in place within our state assembly to support the campaign? What resources are available to us – financial, staff
and volunteers? What is the anticipated legislative environment that we will face, according to experts? What opposition to the bill do we reasonably expect?

**Objectives**
The objectives guide the campaign by specifying measurable steps to achieve the goal. AST Government Affairs has worked with earlier successful campaigns and will recommend feasible, measurable quantitative and qualitative objectives for your state’s campaign. Early in the campaign, objectives may include engaging a minimum number of state assembly members in the legislative campaign. For example, the specific goal may be obtaining written letters of commitment from 50 state assembly members to support the campaign through making phone calls and writing letters to policymakers. Other objectives, for example, might include obtaining a legislative co-sponsor and three legislative co-sponsors or setting up meetings with each key stakeholder at least twice prior to the legislation’s first official introduction in the state legislature.

**Strategy**
Having defined what to do (the objectives), the next step is for the campaign to shape its strategy. Strategy clarifies the general direction the campaign will take to meet the objectives. In developing the strategy, the campaign will face choices or options. Selection of the strategy that is best suited to the campaign will be influenced by assessment of the current situation. The strategy will reflect available resources – such as budget, resources, skills and political dynamics in a given state.

**Resources**
The campaign leadership must develop a feasible budget for the campaign. In addition to the state’s share of the lobbyist’s fee (AST generally contributes a percentage of the cost), the budget usually includes modest amounts for printing and copies and travel. Other resources and tools to fuel the campaign might include the cost of hosting a modest legislative reception or producing a mock surgery near or in the state capitol.

**Message**
The message will focus on enhancement of patient safety in the operating room – a shared value among the surgical team and most patients! The campaign’s message must be clear, short, and compelling. The message will become the singular way to describe the goal so that the need for this bill will resonate with friendly and neutral legislators, stakeholder allies, and the general public. Consider the media, too, when framing the message, not as an afterthought. The communication plan is directed to the campaign’s leadership and should address contact with legislators; mobilizing and coordinating the grassroots network; working with strategic allies, publicity, and public relations.
Throughout the campaign, AST Government Affairs will offer guidance and support to the campaign chair and leadership group and will confer with the lobbyist, including:

- Professional legislative and planning strategy
- Bill sponsor identification in conjunction with the lobbyist
- Research support
- Talking points
- Lobbyist support
- Grassroots training for state assembly membership at AST State Assembly Meetings and at the AST national conference
- Grassroots coordination and mobilization
- Legislative alerts to the state membership/grassroots during the process
- Online legislative action center and advocacy tools
- Assistance with communications with the legislature and with the bill sponsor
- Colleague letters
- Professional testimony and guidance through the legislative and hearings process
- Mock Surgery demonstration at the state capitol
- Media relations
- Bill tracking and monitoring for every state (This keeps AST Government Affairs informed about any new legislation that may affect your profession or your bill.)
Section 3. The Message: The Facts and Opponents’ Arguments

Most people – including legislators -- have never heard of surgical technologists. Many patients and their families assume that all members of the medical team present in the operating room are either doctors or nurses. The campaign’s challenge is to raise awareness of the profession, the role of surgical technologists in the operating room, and why it is imperative that surgical technologists be appropriately educated, trained and certified.

The message must be clear and be supported by facts. AST Government Affairs will supply the campaign with the facts. Surgical technologists must educate legislators, the media, and the public about the role of surgical technologists in the operating room to gain a necessary level of support for a bill.

“A person is entitled to his own opinions, but not his own facts.”

-Daniel Patrick Moynihan

“Always do right. This will gratify some people and astonish the rest.”

-Mark Twain

The Facts – Surgical Technologist Expertise

- Surgical technologists are integral and valuable members of the surgical team.

- Surgical technologists are responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile.

- Surgical technologists must have knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure.

- During procedures, the surgical technologist stands next to the surgeon and the patient, helping the surgeon with equipment throughout the surgery.
- The surgical technologist must be able to anticipate the needs of the surgeon to maximize the quality of patient care and because every moment a patient is in surgery the risks related to anesthesia and bleeding increase.

- The surgical technologist is trained to handle and minimize exposure to hazardous materials, communicable diseases and bloodborne pathogens.

- Surgical technologists are responsible for maintaining the sterile field. The integrity of the sterile field is the surgical technologist’s highest priority.

**The Facts - Exponential Growth of Surgical Technologists**

Surgical technologists are involved in nearly all major surgical procedures. According to 2006 data, surgeons performed almost 46 million inpatient procedures in the United States. During the same year, an estimated 57 million were performed in ambulatory surgery centers. There are an estimated 86,000 surgical technologists in the nation. According to the Bureau of Labor Statistics, surgical technology is projected to increase by 25 percent through 2018.

**The Facts – Accredited Surgical Technology Programs and Certification**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accrediting Bureau of Health Education Schools (ABHES) accredit more than 470 surgical technology programs nationwide, many which offer distance learning. Program curriculum includes anatomy, physiology, microbiology, medical terminology, surgical asepsis, sterilization techniques, assembling and operating surgical equipment including lasers and robotics, medical ethics, basic and advanced surgical techniques and basic and advanced surgical operative procedures. Surgical technology programs are generally twelve to twenty-four months in length and the graduate generally earns a certificate for graduating from a 12-month program or an Associate’s Degree for successful completion of a 24-month program.
The Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA) sets standards for educational programs in surgical technology for CAAHEP. The ARC/STSA Board of Directors is comprised of eight representatives with the American College of Surgeons appointing two surgeon representatives. Their standards of quality ensure that programs adequately prepare graduating students to enter the profession. www.arcstsa.org.

The National Board of Surgical Technology and Surgical Assisting (NBSTSA) administers the certification exam for surgical technologists and confers the Certified Surgical Technologist (CST) credential. The NBSTSA is the nationally-accredited certifying body for surgical technology and is recognized by the American College of Surgeons. The exam is independently verified to be a sound testing mechanism for entry to the profession by the National Commission of Certifying Agencies (NCCA). NCCA is a division of the Institute for Credentialing Excellence. www.nbstsa.org

Make sure that you know where the accredited programs are located in your state and the estimated number of students. AST Government Affairs will provide a packet of customized materials that includes the list of accredited institutions in your state, locations, and approximate number of students based on data received directly from program directors. For example, on the following page, is an example of the map of appropriately accredited surgical technology programs in and around Ohio and the corresponding narrative, provided by AST (continued on next page).

"The principle goal of education is creating men and women who are capable of doing new things, not simply repeating what others have done."

-Jean Piaget
Certified Surgical Technologists in Ohio

Currently, Ohio health facilities employ approximately 3,470 surgical technologists. The legislation will have no impact either on the currently employed surgical technologists or on future demands. There are currently 27 accredited surgical technology programs in Ohio. Accredited distance and online programs are also available. The proposed bill has a grandfathering provision for people currently working as surgical technologists and an exemption for health care facilities unable to find a sufficient number of surgical technologists.

The Facts – Certified Surgical Technologists Promote Patient Safety

Establishing baseline, objective levels of competency assures that surgical patients will receive optimal care during surgery and that hospitals will experience a reduction in adverse surgical events. Certified surgical technologists positively impact surgical patient care.

Preventable medical errors and surgical site infections affect patient outcomes and significantly drive health care costs. Of the eight preventable medical errors identified by the Center for Medicare and Medicaid Services (CMS) as “never events,” (for which no reimbursement will be paid) five occur in the operating room. The Centers for Disease Control and Prevention estimate that on average two out of every one hundred surgeries result in an infection. The incidence of surgical site infections increases dramatically in colon and other abdominal surgery (11 per 100 procedures), coronary bypass procedures (5 per 100 procedures) and spinal fusion surgery (4 per 100 procedures). Data in Public Health Reports (2007) show that in 2007 patients experienced 290,485 surgical site infections. The number of surgeries continues to rise. Surgical site infections result in an estimated 13,088 deaths per year, and even when the patient survives, will cost a hospital approximately $30,000 per event. The CDC estimates that surgical site infections cost upwards of $10 billion in US healthcare expenditures. An Institute of Medicine (IOM) study calculated that over 98,000 deaths annually were attributed to preventable medical errors.
Surgical technologists positively impact these figures. In a Virginia study, hospitals which employed only certified surgical technologists experienced an 11% reduction in surgical site infection costs. And data from Minnesota collected in 2008-2009 revealed that adverse surgical events were 31% less in health care facilities utilizing only certified surgical technologists.

Finally, certified surgical technologists, who are specifically educated and trained in identifying and correcting asepsis during surgery, will be instrumental in improving overall quality, reducing hospital-acquired conditions, and minimizing cost penalties contemplated by the Patient Protection and Affordable Care Act for those facilities who do not meet quality standards.

Qualified and competent surgical technologists can also reduce the time and increase the efficiency of a surgical procedure. The duration of a surgical procedure has a direct impact on surgical morbidity and surgical site infections. The expertise and medical conscience of competent, educated surgical technologists positively impact surgical procedures.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience; however, surgical technologists remain the only members of the surgical team who are not required to meet threshold education and certification criteria in order to practice in their area of expertise. Passage of a certification bill will obviate this alarming disparity and insure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards. Surgical patients deserve no less.
The Facts – Power of Your Firsthand Personal Story

Your authentic voice and your personal story offer a unique and compelling illustration of why legislators must vote to pass this bill. A personal story is extracted from your own experiences and makes the facts come alive. Each campaign leadership group participant should draw upon his or her own stories in each communication role, such as testimony before the state legislative committee or, in a letter to the editor for a newspaper (print or online). It is important that grassroots supporters, too, write out their personal stories for use in letters and meetings with their legislators. For each of these uses, the story must be tight: concise, clear and persuasive. Its purpose is to illustrate in compelling terms why it is vital for patient safety in the operating room that surgical technologists are certified. Your voice will help significantly to persuade your legislator to do the right thing: vote for the bill.

Consider this personal story:

“At a hospital in the tidewater area, during a typical clinical rotation through labor and delivery, a senior surgical technologist student enrolled in the surgical technology program I direct was following the lead of her preceptor, an on-the-job trained licensed practical nurse, in a routine C-section. After delivery of the baby, the surgeon stated that he had accidentally nicked the bowel. (An accidental bowel perforation during a surgery is extremely serious and can cause sepsis, months of infection, infertility, and even wrongful death.) The on-the-job-trained preceptor became visibly shaken and told the surgeon she could not continue, because it was out of her area of expertise. The surgeon said, “Get someone in here that can ASAP.” (In these situations, every second counts. Toxins are leaking into tissue that has been cut open and is extremely vulnerable to infection.) The senior surgical technologist student stepped up and said she felt confident in assisting the surgeon in completing the procedure. Correcting a nicked bowel requires surgical technologist expertise because a new, sterile instrument is used nearly every second.

When bowel tissue has been nicked, the surgeon may only use each instrument for one touch inside the patient, then the instrument is removed, and a new sterile instrument is
used for each micro-step. For example, when suturing a nicked bowel, a new needle is used for each stitch. It requires a great deal of skill to simultaneously prepare sutures, hand sutures and dispose of sutures using sterile technique at an extremely fast pace, while simultaneously preparing for the next step in the procedure. The student capably performed the surgical technologist role. The case was completed without further incident. Both the obstetrician and general surgeon complimented the student on her skill. No patient should suffer due to lack of education of any member of the health care team. In surgery, it is imperative that all team members be formally educated.”

Surgical Technology Educator
Chesapeake, VA

Notice that this surgical technologist’s personal story clearly illuminates why it is good public policy to require certification of surgical technologists. It is brief, to the point, and avoids use of jargon. The surgical technologist explains how training is necessary to enhance patient safety in the operating room.

Elements of a Compelling Personal Story:
- Uses concrete, descriptive language
- Explains medical terminology
- Brings the story to life
- Includes personal information, like the region of the state, the facility type and your relation to the actors in the story
- Concludes with the importance of education and certification for all members of the surgical team

Compare the above story to: At my place of work, the bowel was nicked and the preceptor did not know how to intervene and the student did.
Because the surgical technologist profession remains unregulated in most states, evidence of how surgical technologists enhance patient safety in the sterile field consists primarily of anecdotes. The anecdotes are the personal experiences communicated by surgeons, managers of operating rooms, and by surgical technologists themselves. As personal stories of surgical technologists are amassed by AST Government Affairs, they become powerful data points, as well as retaining their own unique value.

“The singular of data is anecdote.”

-Unknown

**The Facts - Statistics**
AST Government Affairs staff can provide data that support the need for certification of surgical technologists. Depending on the state, such data may include information such as operating room medical error rates data, hospital acquired infections data, and health care costs data.

**Opponents’ Arguments**
Do not ignore your opponents. It is vital to be prepared to counter arguments made by opponents of certification of surgical technologists. Assume that legislators and the media will hear what the opposition has to say. Identify the opponents and the particular arguments each is using to oppose the bill. Opponents may include particular legislators and one or more stakeholder organizations. AST Government Affairs will develop the appropriate response to each argument – and the message will remain consistent. Although specific arguments advanced by opponents likely will differ in detail from state to state, the same themes recur. AST has developed and refined responses to many opponents’ arguments.
**Opponent’s Argument Sample:**
Isn’t this really a bill to require licensing although it is called credentialing?

**AST Recommended Response:**
No. Licensure would require the state to create a licensure board, hire staff, and assess license fees on surgical technologists. This would be a poor time to add state positions and cost. We believe that requiring credentialing instead of state licensure takes advantage of recognized educational institutions and other systems that are in place to provide education and to assess competency.”

**Anticipate the Argument and Know Your Facts**
AST can provide, upon request, a public policy brief specific to your state. In addition to describing the legislative intent and the role of the surgical technologist, the public policy brief anticipates many opponents’ arguments and provides a response. Armed with this information, the campaign will use it to neutralize the impact of the opposition upon undecided (swing) legislators and upon those whose support is weak.

The most important part of any conversation with a legislator or other stakeholder is to stay on message. Though the details of the following message may vary from state-to-state, the key message is as follows:

- **The legislation requires that newly-practicing surgical technologists be graduates of an accredited surgical technology program, which are generally 12-24 months long, and earn certification as a Certified Surgical Technologist from the National Board of Surgical Technology and Surgical Assisting as a condition of employment.**

- **The legislation:**
  - Grandfathers currently practicing surgical technologists
  - Protects rural hospitals
  - Protects nurses and other licensees

- Surgical technologists remain the ONLY members of the surgical team who are NOT required to meet minimum educational and certification standards.

- Passage of surgical technology certification legislation will obviate this alarming disparity by ensuring all operating room personnel meet minimum educational and certification requirements.
The Barriers of Effective Advocacy - The “I’s” Have It

Ignorance
“You can educate ignorance, but you can’t teach stupid.”

Inertia
“I never lost a football game, I just ran out of time.” – Joe Paterno (Penn State)

Inconsistency
“I feel strongly both ways.”

Inattention
“A bill not considered today is a bill not considered today.”

Indifference
“Someone else will take care of me.”

Interference
“I have too much to do. There are too many obstacles.”

Intimidation
“The opposition is bigger and has more money.”

Intractability
We’ll never resolve our issues with the other parties.”

- BUT NOT IMPOSSIBILITY!!
Section 4. Organizing Grassroots and Building Allies for Real Clout

The Power of Constituency
The campaign’s goal is to achieve passage of the bill through the political process in the legislature. AST and the state legislative champions can’t go it alone to move the legislators to vote for the bill. Legislators are influenced and moved by their constituents. Constituency trumps everything. All grassroots, stakeholder, and grasstoppers supporters of the bill are constituents of their individual state representative and state senator. And the legislator’s job is to satisfy his or her constituents in the state house or senate district. Elected representatives throughout the state’s districts must hear a steady drumbeat of authentic, credible voices directly from their respective constituents in support of the certification bill. Rest assured, legislators will be gauging the breadth and depth of apparent support.

The 3 Hs of Decision-making for Legislators

Head
✓ Is this good policy?
✓ Is this a smart course of action?
✓ Does this make logical sense?

Heart
✓ Is this the right thing to do?
✓ Is this an issue that I am passionate about?
✓ Is this a moral or ethical issue?

Health
✓ Is this a politically healthy thing to do?
✓ Will my position on this keep me in office?
✓ How will this issue affect my reputation?
Grassroots Tactics

To generate the power that will drive the bill forward in the legislature, the campaign must develop and mobilize a strong, sustainable, Spartan-like grassroots network of surgical technologists across the state. Although your campaign might have hired a lobbyist, a robust band of grassroots supporters is vitally important. The voice of the grassroots supplies the real clout the lobbyist needs to do his or her best work.

Building, maintaining, mobilizing and coordinating an active grassroots network takes time and energy. Collecting names and numbers is only one of many tasks. The tactical level of the campaign plan must answer questions such as:

✓ What do we want the grassroots to do?

✓ What is our target number of grassroots supporters? Across the state? Are there targeted geographic areas of the state, too?

✓ What tools will we use to educate the grassroots about the campaign message and their role?

✓ What structure and tools will we use to communicate with our grassroots, to stay in touch, and to motivate them? How will we support our grassroots?

✓ What will we ask the grassroots supporters to do?

✓ How will we mobilize our grassroots to take a particular action?

✓ How will we ask our grassroots to take action on short notice? What guidance and support will we supply?

Start building the grassroots network well before the legislative session begins. AST members in your state are anticipated supporters of the bill but they need to be asked to participate.

*Never underestimate the power of a few committed people to change the world. Indeed, it is the only thing that ever has.* – Margaret Mead
State Assembly Support
State assembly meetings provide excellent opportunities to explain the issue and why it is so important to patients and your profession. Use the occasion to gain commitments from members. Members in your state may sign up on the AST website (www.ast.org) to participate in the campaign. In coordination with the campaign, AST Government Affairs posts updates and sends out email action alerts, as discussed below.

Grassroots Definition
Individuals coalescing around a specific issue using a common message to achieve a common goal guided by a singular strategy.

The Basics for Grassroots Volunteers
Educate yourself.
Read, read, read.
Watch, watch, watch.
Think, think, think.
Take action … and always stay on message.

The Spartans
Identify energetic AST members statewide to volunteer time to help develop, coordinate, and to mobilize grassroots support. Volunteers select those campaign assignments for which their skills and desires are compatible. Volunteers must know the campaign message and the key supporting facts. Maintaining message discipline is crucial. As volunteer surgical technologists help carry the message far and wide, their role as a messenger is every bit as important as the message itself. These key volunteers, as ambassadors of the campaign, will be judged by their word and actions.

Regular Communication
A campaign is fluid. Whatever the campaign structure, it is vital to have a system in place that enables systematic communication among a manageable number of key participants. Many coalitions find a restricted email listserv practical and efficient to enable information exchange and to discuss challenges during the interval between calls. A listserv also can be used to remind of the next conference call date and time, provide the call-in number and pass code, and to post the agenda for the call. From time to time, major new developments will occur on the ground. A listserv will help immeasurably when the campaign must plan and execute a “rapid response.” (If the team does not check the listserv frequently, a text alert might be necessary to prompt attention to a particular listserv email.) If the campaign has enlisted a small group of key volunteers, it might make sense to include them in the communications.
Recurring Challenges in Maintaining and Coordinating Grassroots Networks

- Maintaining message discipline
- Instilling the importance that the supporters adhere to the campaign message and limit the letter or call to this sole issue
- Risk of drawing too much attention to the issue at the wrong time
- Setting and maintaining realistic expectations of the grassroots supporters.

“Just because it’s simple doesn’t mean it’s easy.”

Call to Action

When the campaign determines the time is right for the grassroots network to write or to call their representative, AST Government Affairs will send out an action alert to grassroots participants who have signed up – the Spartans in the field. This short email provides the recipients with a clear, concise call to speak up and take a specific action. It also gives necessary background information about where the bill stands in the legislative process and the reason that action is needed. A sample letter or phone script is included. If the campaign has key volunteers, ensure that they are contacted to help mobilize the grassroots by getting in touch with their colleagues and friends. It is also important that campaign leadership express appreciation to these volunteers.

“It does not require a majority to prevail, but rather an irate, tireless minority keen to set brush fires in people’s minds.”
- Samuel Adams
Building the Campaign’s Strategic Alliance

Effective coalition building extends well beyond the surgical technologist community. Enlisting the active support of stakeholders who become allies is a fundamental endeavor. These allied, diverse spokespersons will add great value to the campaign, increasing its credibility and clout. Asking an elected representative to support a bill without demonstrating broad public support is seeking the impossible.

Stakeholders will appeal to some legislators who view surgical technologists as a self-interested special interest; they seek input from objective, knowledgeable sources. These objective professionals will help targeted legislators and audiences realize what is at stake. They also can help enable the campaign to anticipate efforts by opponents who attempt to marginalize the need for certification.

To reach out and develop a strategic alliance, first it is necessary to assess the interests and positions of stakeholder organizations and to nurture those who are allies. Who are the stakeholders?

Identify and Verify Your Allies and Opponents

Various stakeholders may provide their input on the legislation, including, but not limited to, the state hospital association, the ambulatory surgical center association, the state medical society, the state college of surgeons, the AORN local chapter(s) or state council, the state nursing association(s), state medical board, state organization of nurse executives, the board of nursing and unions.

From state to state, some stakeholders may vary in their support or opposition to the credentialing bill. By way of example, a state nursing association in one state might be supportive and yet the state association in another state might oppose the legislation. One or more stakeholders may become very active partners in the campaign. Their leaders will want to lend a hand to help on the ground and at the capitol. (The leaders are referred to as “grasstips,” and are discussed below.) Some other partners likely will be less engaged. In the process of developing partners, however, the campaign must not become tempted to compromise the message or AST values to gain political favor with a stakeholder. But so long as the message is consistent, it is okay that the ally develops its own talking points that reflect its perspective. Don’t expect the ally to repeat the campaign’s talking points word for word.
Seeking Support from Stakeholders
The campaign can begin the process of developing strategic alliances by approaching those organizations with whom AST or state legislative leadership already enjoys good relationships and shares common interests. It is necessary to start the process early as possible. It takes time to maximize common ground and to foster a good political relationship. Determine which individual in the organization is best to contact first. The person might be someone who will advise the campaign representative how to approach the organization and will offer an introduction to the appropriate individual. Or, a campaign leader or AST Government Affairs might know the decision-maker well. If the organization has a lobbyist, then your lobbyist is ideally positioned to make contact with her or her counterpart and figure out the organization’s likely support or opposition to the bill and its rationale. If the stakeholder becomes a supporter, the campaign’s lobbyist will work with the organization’s lobbyist. Don’t expect to agree on every issue involving surgical technologists. The singular purpose is to stay focused on the common ground: agreement that the bill to require certification of surgical technologists is good and important. Steer clear of topics that will drive a wedge between surgical technologists and the ally.

“There is no limit to what can be accomplished if it doesn’t matter who gets the credit.”

- Ralph Waldo Emerson

Cultivating Grasstops
Several of the leaders of partner organizations are “grasstops.” Grasstops are individuals who are influential or viewed as leaders in the community, and have a relationship with legislators and other officials. A hospital administrator or a director of a state medical society is a grasstop. AST board members, too, are grasstops. It benefits the campaign to target and cultivate a relationship with such influential voices. With a good relationship, the campaign will be able to ask them to tout the bill to their own and to key legislators, to other stakeholders, and to the media.
Grasstops Add Clout
The grasstops ideally would tell thought leaders and policymakers, “The surgical technologists have talked with our organization and we think this legislation is a good idea. In fact, it is an important piece of public policy and it should be passed.” Their use of the profession’s title, surgical technologists, is vital. It will help to impress upon legislators the professional identity of surgical technologists and provide an impression of the importance of the job. This endorsement is necessary: although people who work with you know what you do, others who do not might well become influenced by organizations that oppose the legislation who may state certification is not important. Although the operating room is a foreign environment to most legislators, they do appreciate that it is a dangerous place. However, that does not mean the legislators will understand your role unless the campaign takes well-defined steps to inform them through diverse voices.

Stakeholders Who Oppose the Bill
It is necessary that the campaign identify those stakeholders who oppose certification of surgical technologists as an entry to practice requirement. Why does the particular stakeholder oppose your bill? Your lobbyist will find out what interest is motivating the stakeholder to oppose the bill, as well as the specific argument made to legislators. Arguments likely are versions of those reviewed in Section 3. The lobbyist and campaign must be prepared to preempt or respond to and neutralize arguments advanced by opponents that might appear persuasive to lawmakers who are undecided or whose support is tenuous. Depending on the level of a stakeholder’s opposition, your lobbyist might be able to work out a commitment by that organization to remain neutral. The organization would refrain from asking legislators to vote against the bill.

“Always look for the second right answer.” – Albert Einstein
Using Social Media
AST State Assemblies can create a facebook page or twitter account to enable campaign supporters to discuss issues. In addition, it also can be used to attract other AST members in the state to participate in the campaign.

Being on facebook or twitter alone is not a plan. Focusing and fine tuning the use of these platforms is what is important. An initial question is what the campaign wants to accomplish with facebook and twitter, respectively, to move forward. Does the campaign want to energize existing grassroots supporters who already use social media to take a particular action? Encourage supporters to educate friends and gain their support and participation? How will the campaign manage the message and coordinate with AST’s action alerts? AST can provide appropriate keywords to use in content postings. Would there be a review process to ensure consistency of message and appropriateness of postings and tone? How would new grassroots voices gained through social media sign up on the AST website?

**Ready –**
Agree upon campaign leadership and structure.
Develop Campaign Plan.
Write personal stories.
Know facts and responses to opposing arguments.
Build the grassroots network.
Identify allies, build strategic alliances.

**Set –**
Hire a lobbyist.
Involve a few grasstops.
Lay low – stay out of limelight.
Keep ears to the ground.
Be patient.

**GO!**
Launch campaign to pass the bill.
Section 5. Contacting and Meeting with Your Legislators

Legislators want to hear from their constituents. It is vital that each legislator listen to surgical technologists who are their constituents and become educated about your profession. If you do not know who is your elected state representative or senator, visit the AST website (www.ast.org) and click “Get Involved.”

In addition, the campaign lobbyist likely will have prepared a list of targeted legislators to contact. These lawmakers are deemed very important to contact at particular times during the campaign. They might be committee members or highly respected, influential lawmakers. The aim is to build consensus for passing the bill among as many legislators as possible, and make the bill as uncontroversial as possible. Before making contact with your legislator, it is necessary to ascertain whether your legislator is a known supporter or opponent of the bill, or has not taken a position. If the legislator is a supporter, the extent of support might be firm, moderate or weak. Similarly, a legislator who opposes the bill might be strongly opposed or leaning toward opposition. If the campaign intends to mobilize the grassroots network to contact targeted legislators through an action alert, it is important to provide guidance for writing a letter or making a call. AST has a system to sort grassroots participants by house and senate districts and send out an action alert to supporters in particular districts.

Note from the Field: What Went Wrong?

Disappointed proponents of the bill cast a collective sigh of disappointment as their healthcare bill failed to pass first reading, losing on a close vote on the house floor. A week later, a lobbyist who worked unrelated issues was chatting with a legislator who had voted against the healthcare bill. While discussing a different piece of legislation, the lawmaker remarked to the lobbyist, “Unlike the healthcare bill I voted against last week, you guys have peppered me with calls and meetings. On the other bill, I did not receive one call from its supporters but I did get an earful from a group that opposed it. Their argument sounded reasonable to me. I did not know too much about that bill and had been undecided. In the end I voted against it. It was not clear to me that my constituents really knew or cared much about it.”
What the Campaign Should Have Done
It is evident that this legislator – who had been unfamiliar with the bill and was undecided -- had no incentive to vote for the bill. His own constituents did not ask him to vote for it. If an energized grassroots network in support of the bill had extended to this legislator’s district, and members had contacted him in a timely manner, his vote very well might have been different. His vote would have depended upon the strength of their message and refutation of the opponent’s arguments (assuming they, too, were his constituents) and other factors listed in Section 4, “3H’s of Decision-making for Legislators.” Members of the committee that will hear the bill also must be courted. Sometimes that committee is not the same committee that usually hears healthcare bills. Sometimes a legislator is already educated about a bill and will support it, but only if he or she hears from constituents. Even just ten handwritten letters to a legislators from that legislator’s constituent is a significant amount.

Surgical technology advocates have several choices of tools to use in contacting their state representative and senator: a letter, fax, a phone call, or a meeting in district or at the capitol. (Note, email is not an effective an option. Legislators receive hundreds of emails per day.) For each of these effective choices, solid communication flows from solid preparation. Preparation necessarily requires familiarity with each setting in which your communications will occur.
Writing to Legislators
A letter, written in your own words, is a very effective tool. Your words are important as they demonstrate knowledge of the issue, your passion and conviction and thoughtful time expended to write the letter. You will receive guidance to frame the message from the campaign, often through an “action alert.” Do not use an email form letter that you simply sign. Your legislator knows such action took little time or thought. Legislators discount obvious form letters and form postcards. A letter can be mailed or faxed. Printed letters sent by mail are more effective than emails. When someone takes time to write a letter it demonstrates to the legislator that the issue is important. Though a rare legislators prefers email, most tend to pay much less attention to emails due to volume.

An effective letter is no longer than one page, and has these components:

- Formal address and salutation
- Bill name and number, if it has been introduced
- Your place of employment
- Your profession of surgical technologist and role
- Your purpose for writing the letter
- Your personal story to make this issue real and facts
- Clear “ask”
- A thank you to the legislator [for support, consideration, etc.]
- Your return address so that the legislator knows you are a constituent

Letter Writing Tips
- Keep the letter focused, straightforward and brief- less than one page
- State your purpose for writing and how the bill will affect patient safety and you as a surgical technologist.
- Use your personal story and facts.
- Do not use operating room jargon or acronyms.
- Be clear about what you are asking the legislator to do.
- Be positive and use a respectful tone. Never appear angry.
- If the legislator is a weak supporter, undecided or an opponent, ASK for a written response with his or her position. Thank the legislator.
- If the legislator is a sponsor or co-sponsor, say thank-you!
Sample letter from a surgical technologist

[The Honorable – and full name of constituent elected official]
[Local district office address with proper capitalization]

Dear [representative or senator and surname______________],

I am writing to urge your support of the [bill title and number], sponsored by [name of sponsor] and co-sponsored by [list co-sponsors]. The proposed legislation will require that surgical technologists in the operating room are appropriately credentialed and certified. I am a surgical technologist at ___________________ [institution/program, and location/city]. In this capacity, I am an integral member of the surgical team. I am responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, we have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Our ability to anticipate the sequential order of surgical procedures and the needs of surgeons contributes to successful outcomes and the quality of care that the patient receives.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience; however, surgical technologists remain the only members of the surgical team who are not required to meet threshold educational and certification criteria to practice in their area of expertise. Passage of a surgical technologist credentialing bill will obviate this alarming disparity and ensure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards.

Thank you for your consideration. Surgical patient care is enhanced when all members of the surgical team work collaboratively and in concert. Threshold competency requirements for surgical technologists will help achieve this goal. Patients undergoing surgery in ___________ [your state] deserve no less.

Very truly yours,

First Name Last Name, Certification
Certified Surgical Technologist
[Complete Home Address]
Telephone/Cell Number
Seek Letters from Colleagues

It also is important to seek letters from your colleagues in the grassroots network. Or, depending upon the campaign strategy, you might be asked to circulate a petition to your colleagues that will be submitted to elected representatives.

In addition, the campaign may ask you to help seek letters from stakeholder allies, such as a surgeon, another member of the medical staff at a hospital or medical center, a surgeon, a director of surgical services, an operating room manager, or even the president or CEO of a medical center.

If you have any questions about writing a letter, feel free to contact AST Government Affairs for guidance.

Graph Demonstrating the Influence of Form Postal Letters Compared to Personalized Postal Letters

![Graph](image_url)
Sample Letter from a Director of Surgical Services

[The Honorable – and full name of constituent elected official]  
[Local district office address]

Dear [representative or senator and surname______________],

I am writing as your constituent to urge your support of the [bill title and number], sponsored by [name of sponsor] and co-sponsored by [insert co-sponsors]. The proposed legislation will require that surgical technologists in the operating room are appropriately credentialed and certified. I am the Director of Surgical Services at ________________ [institution/program, and location/city]. In this capacity, I am responsible for the staffing, supervision and support of surgical technologists and other hospital personnel in my facility’s operating rooms. I have had the opportunity to work closely with surgical technologists throughout my career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Their ability to anticipate the sequential order of surgical procedures and the needs of surgeons contributes to successful outcomes and the quality of care that the patient receives.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience; however, surgical technologists remain the only members of the surgical team who are not required to meet threshold educational and certification criteria to practice in their area of expertise. Passage of a surgical technologist credentialing bill will obviate this alarming disparity and ensure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards.

Thank you for your consideration.

Very truly yours,

First Name  Last Name, Credentials  
[Title/specialty]  
[home address]  
telephone/cell number
Phone Calls to Policymakers

Phone calls are an efficient tool for making contact with your legislator, although not as effective as an office meeting. The purpose of a call might be to acquaint the legislator with the issue very briefly and register your opinion, to schedule an appointment, or to request support for the bill.

Before placing the call, organize your script. Be well informed, clear about your purpose and list your points. You will introduce yourself by stating your name, that you are a constituent, and your profession is a surgical technologist in a hospital or ambulatory surgical center. Prepare to succinctly state the issue. If the call is made after the legislative session has begun and the bill has been introduced, state the bill number as well as the title. Also write out questions you want to ask the legislator. Remember that the call will be brief, generally less than five minutes.

Frequently, a phone call will be answered by the legislator’s staffer. If the legislator is not available, and if the staffer is unfamiliar with the issue, politely make your request to the staffer and then consider writing a letter. Even a brief message will help a legislator and his or her staff understands that their constituents care about the legislation.

Tips for the Phone Conversation or Voice Mail Message

- Don’t be intimidated! Legislators love hearing from their constituents.
- Practice ahead of time so it does not sound like you are reading from a script.
- Always state why you are calling.
- Speak clearly.
- Be polite, but firm. Never appear angry.
- Leave your contact information.
- Request follow-up.
- Follow action alert instructions
Nine Steps for Calling A Senator or Representative

1. Pick up the phone. (This is the hardest part!) Dial the number. The appropriate phone numbers will be provided in the action alert sent by AST Government Affairs Staff.

2. Ask for the Senator or Representative, depending on the directions provided in the action alert. If he or she is not available, ask for a staff analyst. (Be nice to staff analysts! They are very important decision-makers!)

3. Write down the name of the person with whom you are speaking so you can report this information back to your lobbyist and AST.

4. Introduce yourself by stating your first and last name. Say you are a surgical technologist. Tell them where you work.

5. Say why you are calling. E.g. I am calling because [Senate Bill, Assembly Bill or House Bill ####] is being heard in [the Health Care Committee/ Licensed Professions Committee/ the Senate Floor]

6. Tell whoever you speak with that you would like to let the Senator (or Representative) know that you support [Senate Bill, Assembly Bill, or House Bill ####], Surgical Technology Certification Legislation. Tell him or her that this legislation protects surgical patients by preventing adverse medical events and also reduces costs associated with surgical site infections. Say, in your own words, why you think certification is important and why uneducated surgical technologists can harm patients. **Share your stories.** Very likely, whoever you speak to will be surprised that surgical technologists are not currently required to meet any educational or certification standards.

7. Thank them for their time.

8. If they have any questions you don't know the answer to, tell them you will get back to them. Then contact AST Governments Affairs Staff to get the answers! Be sure to follow-up.

9. Contact AST Government Affairs staff to tell them with whom you spoke. AST Government Affairs will make sure your lobbyist gets the information.
Office Meetings with Policymaker

The most effective contact that surgical technologists can make with their legislators is the face-to-face meeting. A face-to-face meeting brings the issue to life for a legislator. The legislator must focus on your message and you have the opportunity to ask questions in real time. Team meetings work well. A group of surgical technologists demonstrates to the legislator that the bill is important to his or her constituents in this profession. Another approach is for the surgical technologist(s) to be joined by a few allies. Each participant must bring the same message from their respective perspectives.

Preparation is essential. Know the bill. Know the facts. Know your legislator. Convene a meeting or conference call among the group to plan an agenda for the meeting and to practice. Expect a shorter amount of time than scheduled. Legislators frequently are late or must leave early. Therefore, prepare for a 10 to 15-minute meeting as well as a 20 to 30-minute meeting. Draft an agenda or outline for the meeting. Agree upon lead spokesperson to begin the introductions, to confirm the amount of time for the meeting, to lead transitions in the agenda, and to pose the group’s questions to the legislator, etc. Settle on who will make each point and in what order. Formulate the “ask” that the lead spokesperson will make. It is possible that either the legislator or a team member will veer off topic. It is up to the lead spokesperson to steer the conversation back on topic and message.

Well before the meeting, confer with the campaign’s lobbyist to find out the legislator’s current familiarity with the bill and position. The lobbyist or AST Government Affairs will advise what specific asks to make. (There is a range of requests to make to a legislator who supports the bill: co-sponsor the legislation, vote for the bill, urge colleagues to support the bill, circulate a “dear colleague” letter that expresses support for the bill, write an opinion piece, or speak to the media about the bill.) List questions you anticipate the legislator will ask, outline responses and agree who will have the lead role in responding to each. Also determine what materials to leave with the legislator, such as a fact sheet, report, a list of supporting organizations or a petition signed by individual constituents, articles, etc. A one-page fact sheet with contact information on it should be on the top of any pile of documents you hand a legislator, just in case that is all the legislator reads. It is advisable for the group to meet again immediately before the meeting to review the agenda, roles and to confirm the ask.

“Ten people who speak make more noise than ten thousand who are silent.”

- Napoleon Bonaparte
Be prepared for the possibility that your legislator might state he or she would be willing to support the bill if certain amendments are made. It is essential that you carry that information back to AST Government Affairs and the lobbyist. Do not negotiate with the legislator at the meeting. AST Government Affairs will confer with the lobbyist and decide whether to request a legislator to introduce an amendment. If the potential amendment is unacceptable, the lobbyist will speak with the legislator, and monitor the situation carefully to determine whether an unfriendly amendment likely will be introduced at a committee hearing or later on the floor.

**Meeting Do's and Don’ts**

**Do**

- During introductions, let the legislator know which participants are constituents.
- Confirm the time allotted for the meeting.
- Give the legislator and staff your business card.
- Make the “ask.”
- Use a positive, polite and firm tone.
- Hand to the legislator the leave behind materials.
- Thank the legislator.
- Offer to be a resource for follow-up.

**Don’t**

- Be late.
- Be disappointed if you meet with staff.
- Stray off message or topic.
- Let the legislator get off topic for more than a minute or two
- Make up answers to questions.
- Disparage your opposition or colleagues.
- Appear angry.
- Argue.
- Negotiate bills or positions.
- Forget to make your “ask.”
- Leave a meeting without a commitment to your “ask.”

**After the Meeting**

- Promptly provide meeting feedback the campaign.
- Follow up with any commitments made to obtain information and send a thank you note.

“Okay, you’ve convinced me. Now go out there and bring pressure on me.”

- FDR
Section 6.  Mock Surgery Day at the Capitol: “Who is Behind the Mask?”

During the legislative session, a state assembly in conjunction with AST and the campaign likely will arrange an event in the state capitol rotunda to demonstrate a surgical procedure.

The event has three purposes. First, it will highlight the crucial role played by all members of the surgical team, particularly the role of the Certified Surgical Technologist. Second, the real-life surgeon (or retired surgeon) who plays the role of surgeon in the demonstration is a very visible participant who will impart additional credibility to the bill. The surgeon is a grasstops ally who will speak to the assembled group and can engage in valuable conversation with legislators and the media. Third, the event provides a launching pad for grassroots supporters to visit their legislators immediately afterwards (or later in the day, depending on legislative schedules). Grassroots attendees will receive materials to facilitate conversations with their own representatives and senators.

It is very important to rally colleagues to attend the event. Surgical technologists who are members of the state assembly of AST will receive invitations and are asked to RSVP. In addition to an emailed action alert and phone calls, twitter can be used effectively to reach some members – and help them spread the invitation to their friends. Surgical technologists should wear scrubs, lab coats, and their identification badges so that they visible to legislators and to the press.

The campaign may issue a press advisory, if permitted by the Capitol rules, informing the media of the event and urging them to attend. It can be helpful to contact key reporters in advance to discuss the event. Some reporters might wish to begin work on their story in advance or might want to confirm the importance of the event before deciding to attend and cover it.
The Indiana Mock Surgery- An Advocacy and Media Success

In 2009, the Indiana State Assembly of the Association of Surgical Technologists demonstrated a complete total knee surgical procedure in the Capitol to demonstrate the crucial role played by all members of the operative team, particularly the role played by the Certified Surgical Technologist.

Surgical technologists were the only professionals in Indiana operating rooms not required by law to have any particular training or further credentialing as prerequisite to being hired in Indiana. The surgical demonstration took place on Wednesday, March 5th, 2009 on the third floor of the Indiana State House.

Dana Fields, CST, Vice President of the Indiana State Assembly of AST stated, “Today, in operating rooms throughout our state, there are literally hundreds of surgeries being performed. Perhaps, you or one of your loved ones has had surgery recently. With recent outbreaks of the flu, the increase in the number of individuals contracting Hepatitis B and C, and hospital acquired infections; it is imperative that our health care providers are properly trained. We expect that our physician will be one of the medical staff in the operating room. But, do you know all of the people behind the masks? How can you be certain everyone in that room is educated, skilled, and qualified to perform surgery?”

The demonstration was filmed by three television stations, including an NBC, ABC, and Fox affiliate station, all of which provided some great attention getting coverage. Both Sherri Alexander, AST President, and Dana Fields, IAST Vice President, were interviewed on camera.

In 2009, the Governor signed into law the certification legislation for surgical technologists in Indiana! To see the law, visit www.ast.org, Public Policy, Legislative Map.
On January 31, 2012, the Virginia State Assembly of the Association of Surgical Technologists produced a mock surgery in collaboration with the Association of Surgical Assistants to demonstrate the teamwork and essential contribution that surgical technologists and surgical assistants bring to the operating room. The surgery was presented to support Senate Bill 313, which provides for regulation of surgical technologists (certification) and surgical assistants (licensure). Orthopedic surgeon Dr. Brian Curtin, of Virginia Commonwealth University School of Medicine led the surgical team in the simulated total knee replacement using equipment furnished by Stryker Corporation. The VCU Nurse Anesthesia Program furnished the anesthesia equipment and the team’s anesthetist; and several Virginia surgical technology programs and hospitals provided all the necessary tables, mayo stands, equipment and supplies. Led by Sandi Luthie, CST, VCSA President and her tireless team of surgical techs and assistants, the event went off without a hitch, and the Virginia State

Victory goes to the prepared: the team conducted a trial run the night before, loading up all the equipment in a large rental truck, then offloading at a rehearsal site near the Capitol. Dozens of students from ECPI Richmond, Fortis College, National College-Harrisonburg and Sentara College of Health Sciences, dressed in scrubs and lab coats, lined the halls outside the “operating room.” On hand was Senator Harry Blevins, the bill sponsor. Later that week, the Senate Subcommittee on Health Licensing, a subcommittee of the Senate Education and Health Committee, voted unanimously in favor of sending SB 313 to the Virginia Joint Commission on Health Care to study the issue and return with a recommendation. For more information, see the complete article at this link.
Section 7. Testimony at the Legislative Committee Hearing

After your bill is introduced and assigned to a committee for hearing, the campaign must begin to prepare for the hearing. Although this section addresses preparation to testify at a hearing, this is not the sole aspect of preparation for the hearing. Throughout the legislative process, the lobbyist will confer with and update the campaign with the “vote count” of supporters, undecided lawmakers, and opponents. The lobbyist also will refine the list of targeted legislators. Based upon this information, the campaign will issue action alerts to grassroots supporters.

Who should testify at a legislative hearing and why? AST Government Affairs, the campaign leadership, and the lobbyist will confer to determine who should testify in support of the bill as issue experts. State leaders who will be witnesses should prepare their draft testimony several days before the hearing and promptly submit it to AST Government Affairs for review. The AST Government Affairs staff can provide examples of testimony provided at previous committee hearings.

Each state’s legislative procedures and protocols vary. Your bill might be scheduled before a particular legislative committee more than one week in advance or it can be added to a committee’s schedule on shorter notice. A legislative committee usually schedules more than one bill for hearing in its morning or afternoon session. A hearing might begin at a designated time or “upon adjournment” of a full house or senate proceeding. If your bill is scheduled for afternoon, the committee likely will remain in session until all of the scheduled bills are heard. If your bill is the last on the hearing list and if one or more earlier bills involves a large number of witnesses, it is possible that consideration of your bill might extend into the evening hours.
Keys for Effective Testimony Preparation for State Leaders

✓ Prepare your testimony several days in advance of the hearing and submit a draft to AST for review.

✓ Discuss with AST Government Affairs what materials to provide to the Committee.

✓ In your draft testimony, state the message point and key supporting facts.

✓ Highlight the message with your brief personal story.

✓ Anticipate reasonably foreseeable questions and responses.

✓ Ensure that your draft does not disparage opponents. Confine your testimony to the issues, not persons.

✓ Practice your testimony in advance of the hearing so you will not be tempted to read the script. Practice also will build your confidence and reduce nervousness.

✓ Time your delivery to ensure it will comply with the Committee’s time allotment instruction.

✓ Dress professionally.

✓ Arrive early.

Frequently, the lobbyist will schedule a meeting among supporting witnesses to convene before the hearing begins. The purposes of the meeting usually include: review testimony, inform of specific protocols for the hearing, discuss new developments, review legislators’ anticipated votes and potential questions by particular legislators, discuss the preferred order of grassroots witnesses, and make other recommendations.
Testimony by Grassroots Supporters

Here are some general tips for grassroots supporters who will testify at a committee hearing. When you sign the witness sheet, notice the number and names of those listed before you to provide a sense of when in the order of supporters you likely will be called. It is important to be seated in the hearing room when the proceeding for your bill begins. You will be able to listen to the committee’s discussion, the bill sponsor’s testimony, and testimony of each witness who precedes you. The bill sponsor might ask the committee to call witnesses in opposition first or request that testimony begin with those who support the bill. This is a strategic decision. Normally, the person who is designated to testify first in support of the bill is one who can present the rationale for the bill and technical information.

The lobbyist will tell you in advance how many minutes you are permitted to speak. When the hearing begins the committee chair will announce the time allotted. For grassroots supporters, three minutes is a common length of time. Listen carefully to any committee discussion before your testimony and to testimony that precedes you. If you choose to carry a sheet of paper to the witness table, it should consist of points that can serve as prompts, rather than text that you read word-for-word. When the committee chair calls your name, walk up to the witness chair, take your seat, and adjust the microphone. If the bill sponsor is seated next to you at the table, smile and shake his or her hand.

Clearly state your name, town or city where you live, your place of employment, your profession as a surgical technologist, and that you are a member of AST. Thank the committee chair and committee members for the opportunity to testify, and state that you strongly support the bill. Make eye contact with committee members as you deliver your testimony. Speak clearly, firmly and slowly and do not read your presentation. You are prepared! Next state that you support the bill and then make your points in order. Highlight your message with your brief personal story. Anticipate that one or more witnesses who testifies before you likely will cover a point that you intended to make. It might be a message point or a key fact. Committee members do not like to hear witnesses make repetitious points. Usually, the committee chair will ask witnesses not to repeat points made by earlier witnesses who are on the same side of a bill. It is not difficult to make an adjustment to the testimony you have prepared to avoid such repetition. Simply state that you agree with points presented by earlier witnesses on
your side. Then proceed to provide your very brief personal story – no one else will have presented your personal story. End your testimony by saying thank you. After you finish, the committee chair will ask committee members if they have any questions of you. You might be asked one or more questions. If a legislator other than the committee chair asks the witness a question, the formality is to address the committee chair and ask permission to respond. If you are asked a question that lies outside the scope of your expertise and knowledge, simply say so. Never appear angry or agitated.

Section 8.  Engaging the Media

An engaged media that publicizes your bill and position in a favorable light to its audiences is a very important ingredient of an effective campaign. A reporter can interest and educate the public. The print or online piece, or the broadcast also will offer third party validation of the need for your bill – or at least the importance of the issue to the public or to the news organization’s audience. Media coverage will broaden the message and explain why it is important to their target market. Attracting media coverage to reach the broader community helps to draw additional supporters. Former surgical patients and their families should be very interested to learn of the bill. This is not just the surgical technologists’ issue: it will become a community issue. And when community members buy into it, it becomes their own cause, too.

Your elected officials, too, are keenly aware of relevant stories directed to their constituents on potential state legislation. They track carefully mention of their own name associated with a public policy issue in a piece.
Press Release
A press release is a very important public relations tool written as a news story that a newspaper or website can use in whole or in part. A reporter frequently will opt to interview one or more of the contact persons listed on the press release, rather than simply using the prepared quotes. That is, one cannot rely on the press release alone to cover the story. Expect that the reporter also will reach out to identify and interview one or more persons who oppose the bill. A radio or TV reporter will conduct an interview.

A press advisory is written to inform reporters about a specific newsworthy event they should cover, usually accompanied by a tip sheet and other background press kit material. If AST has scheduled a mock surgical procedure event, a press advisory written by AST may be used to notify the media. The reporter might call a contact person listed on the press advisory for additional information to determine whether it is a compelling news event to attend. The reporter might know very little about the subject and is seeking a compelling reason that represents why it is news. That person might cover health care fulltime or only part time.

Speaking with the Media
Here is general guidance to navigate a reporter’s call. First, make sure you are familiar with the contents of the press release. Second, be available to take the reporter’s call or to return it promptly. Be respectful of the reporter’s short turnaround time to produce a story. Print, online, radio, and television reporters are extremely busy, rushing to meet tight daily deadlines for their stories. A returned call at 5:00 will probably go unanswered. If you return a call promptly and the call is not answered or returned, do not take it personally.

Listen carefully to the reporter’s question and make sure you understand it before responding. Assume everything you say is “on the record” and might appear in the story. The reporter is seeking information and news. He or she might have researched the bill or might know very little about your profession and why credentialing is crucial.

Assume everything you say is “on the record” and might appear in the story.
Tips for Speaking with the Media:

✓ Adopt a pleasant, professional tone.
✓ Deliver your message and stay on message. You have an opportunity to shape the reporter’s story.
✓ Tell your personal story. Your personal story is a convincing vehicle: the audience will tend to trust such information.
✓ When you answer a question, make sure that the reporter understands what you said. You can confirm the reporter’s understanding by asking questions.
✓ Avoid surgical and health care jargon and acronyms.
✓ If you do not know the answer to a question, simply say so. Or, if you are not the appropriate person to respond to a question, you can reply that you are not in a position to answer that question. Tell the reporter that you will need to check with those who can respond to a line of questions and that you will call back. As soon as the conversation concludes, call AST Government Affairs, and ascertain whether you should return the call or if AST will call the reporter.

It is likely that a reporter will ask why there is a need for education and training for surgical technologists. The following is a sample response. Usually, the reporter will break in during a message of this length! Segments of this message likely will be punctuated and spoken in response to more than one question.

“Today, in the operating room throughout our state, hundreds of surgeries are performed. Perhaps you or one of your loved ones has had surgery recently. To reduce preventable medical errors that occur in the operating room, it is imperative that all of our health care providers who work in the operating room are properly trained. We all expect that our physicians will be one of the medical staff in the operating room. But do you know all of the people behind the masks? How can you be certain everyone in that room is educated, skilled and qualified to perform their role in the surgery? Surgical technologists work as part of the surgical team in our state’s operating rooms. They help to ensure patient safety and actually assist at the operating table during the surgery. Right now surgical technologists are the only health care personnel in that room who are not required to be certified or credentialed or have any continuing education. This bill, sponsored by _____, and supported by [organizations], would make graduation from an accredited program in surgical technology and holding and maintaining the Certified Surgical Technologist Credential a prerequisite to employment in our state.”
A reporter also might approach you at a legislative hearing before or after you have testified. Be alert and prepared for this opportunity, whether it is coverage in print, radio, or TV.

**Writing a Letter to the Editor**

You might be asked to submit a letter to the editor. You may email your letter to several newspapers and online publications. Send it to each media organization separately. Notice that the template is brief and to the point, adopts an appropriate tone and style and strongly urges action. If the letter to the editor is written after the bill has been introduced in the state legislature, include the bill number and bill sponsor and co-sponsors, if any. If the bill has been assigned to a legislative committee for hearing, add that information, too. You want readers to know how to take action by contacting their representative or senator in reference to this bill. The rule of thumb is to limit the letter to the editor to 250 words or less.

**Letter to the Editor, An Example from Michigan**

Any person faced with surgery faces many unknowns, but patients and their families count on one thing: all the members of the surgical team have the education, training and expertise to perform the surgical procedure safely and competently. Patients in Michigan do not have this assurance. Who are behind the masks? Doctors, nurses, anesthesiologists and anesthetists all must have extensive education, and be licensed, and even certified, to perform their roles in the operating room. But one critical member of that surgical team has no such requirement, and could in fact be anybody: the surgical technologist. The surgical technologist is the person who is responsible for preparing the operating room for the surgical procedure, assuring that all the equipment works properly, maintaining a sterile environment before and during surgery to prevent infections, responding to and anticipating the needs of the surgeon throughout the surgery. Yet, Michigan has no regulation or requirement that the surgical technologist be educated, trained, certified or competent. Surgical technologists in Michigan want to make sure that every surgical patient has a Certified Surgical Technologist as part of that patient’s surgical team. Each year thousands and thousands of patients die from preventable medical mistakes. Five of the eight most critical preventable errors occur in the operating room. A complete surgical team of certified or licensed professionals will help assure that a patient’s risk of suffering the consequences of these errors is reduced. Studies show that preventable surgical mistakes can be reduced over 30 percent where surgical technologists are required to be certified. Patients in Michigan deserve to go into surgery knowing that they have the most competent surgical team helping them at this critical time in their lives. Requiring education and certification of all surgical personnel will help achieve this important goal. Support certification of surgical technologists in Michigan.
Guest Commentaries
Newspapers also publish one or two guest commentaries or opinion pieces daily or on designated days. They are longer than letters, are featured with a title in bold, a one or two sentence bio and often a thumbnail photograph of the writer. Competition among submissions can be intense. Editors work at a frenetic pace, sifting through mountains of emails and faxes, and determining which guest opinion pieces to publish. Do not be surprised if the editor deletes sentences or even a paragraph, depending on the space available. At important milestones of the campaign, the lobbyist might recommend that the state assembly chair submit an opinion piece to a particular newspaper.

Opinion Piece Template

Who Is Behind the Mask?

Any person faced with surgery faces many unknowns, but patients and their families count on one thing: all the members of the surgical team have the education, training and expertise to perform the surgical procedure safely and competently. Patients [insert your state] do not have this assurance. Who are behind the masks? Doctors, nurse, anesthesiologists and anesthetists all must have extensive education, and be licensed, and even certified, to perform their roles in the operating room. But one critical member of that surgical team has no such requirement, and could in fact be anybody: the surgical technologist. The surgical technologist is the person who is responsible for preparing the operating room for the surgical procedure, assuring that all the equipment works properly, maintaining a sterile environment before and during surgery to prevent infections, responding to and anticipating the needs of the surgeon throughout the surgery. Yet, [insert your state] has no regulation or requirement that the surgical technologist be educated, trained, certified or competent. Surgical technologists in [insert your state] want to make sure that every surgical patient has a Certified Surgical Technologist as part of that patient’s surgical team. Each year thousands and thousands of patients die from preventable medical mistakes. Five of the eight most critical preventable errors occur in the operating room. A complete surgical team of certified or licensed professionals will help assure that a patient’s risk of suffering the consequences of these errors is reduced. Studies show that preventable surgical mistakes can be reduced over 30 percent where surgical technologists are required to be certified. Patients in [insert your state] deserve to go into surgery knowing that they have the most competent surgical team helping them at this critical time in their lives. Requiring education and certification of all surgical personnel will help achieve this important goal. Support certification of surgical technologists in [insert your state]. [Provide your name, address and contact phone number as the publication’s staff needs to confirm that you are author of the letter.]
Section 9.  Circling Back: Reporting Your Activities to the Campaign

Quantitative and Qualitative Measures

The lobbyist and the campaign will consider making some adjustments to tactical actions frequently as circumstances on the ground shift. Perhaps a legislator who had been low on the campaign’s target list will rise to the top as a result of the lobbyist’s conversation or intelligence gained about a meeting the lawmaker held with an opponent.

Reporting Back to the Campaign
Communications during a campaign is a two-way process: from leadership and to leadership. Feedback to leadership from grassroots and grasstops about their meetings with legislators and with stakeholders is critical. The lobbyist is at the capitol confirming supporters, identifying swing votes and monitoring opponents. The campaign and lobbyist need prompt access to new information you have received.

Notes from the Field: Consider the Importance of Reporting Back to the Campaign

During the meeting between a grassroots supporter and a legislator’s staffer, the staffer mentioned his boss [the legislator] had met with a group last week that opposes the bill. The staffer asked the grassroots supporter a few questions. The supporter thought that the legislator was impressed with the opponent’s argument. The next day the supporter emailed the campaign’s lobbyist and AST Government Affairs staff writing: “I had a meeting yesterday with someone who works for Representative Black. He said that a group that opposes our bill had been there the week before. My impression was that the Representative is not sure whether he supports the bill.”

What went right?
The lobbyist had listed Representative Black as a moderate supporter of the bill. A stakeholder organization that opposed the bill had made an impression upon this legislator. The lobbyist had heard a similar report from a colleague and determined that the campaign must arrange additional meetings with Representative Black. The lobbyist did not know whether the organization the staffer mentioned was the same one that she knew had met with the representative. It would have been helpful if the grassroots supporter had asked the staffer what organization he was referencing. In addition, the supporter could have asked specifically what the objection was to the bill. The staffer might have supplied more valuable information.

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**Important feedback to provide to AST and lobbyist**

- **Legislator’s Name:**
- **Position on the Legislation:**
  - Strongly supports and will work for passage of the bill:
    - What has the legislator committed to do?
  - Supports tentatively:
  - Undecided:
    - What reservations or objections did the legislator express?
  - Undecided but leaning toward support:
    - What reservations did the legislator express?
  - Undecided but leaning toward opposition:
    - What reservations did the legislator express?
  - Opposed or Strongly Opposed:
    - What objections did the legislator express?
  - Which organization(s) is/are supplying the information that is influencing the legislator?
  - Questions asked by legislator
Section 10. If the Bill Does Not Pass or if an Additional Bill is Needed

Often a bill does not pass on the first try. Or, a compromise bill has passed. Perhaps the campaign only was able to secure registration language instead of the original certification bill.

In either case, the good news is that the campaign has built a grassroots network, forged strategic alliances, and gained the support of numerous legislators. The media also has gained some familiarity with the issue. It is time to take a deep breath and acknowledge this progress.

Campaign leadership has two immediate tasks at hand. One is to promptly thank all supporters: the house and senate bill sponsors, the other legislators who supported the bill, grassroots supporters, allies, grasstops and your lobbyist. The state assembly is creating long term relationships. The bill sponsors also appreciate a LTE publicly thanking them for their sponsorship. The other task is to confer with AST Government Affairs, together with the lobbyist.

Prepare for the Opportunity in the Next Legislative Session

- Refine the strategy
- Augment the campaign
- Revise the plan
- Renew the passion, energy and resolve

Great works are performed, not by strength, but by perseverance.”

-Samuel Johnson
Promptly thank all supporters: legislators, grassroots, allies, grasstops and your lobbyist.

After the bill is signed by the governor, it becomes effective on the date stated in the bill. Usually there is a provision in the law that requires a regulatory commission or agency to develop rules or regulations that implement the particulars. Depending on the bill language and your state’s regulatory body, the regulatory hearing might be perfunctory. Or the bill might involve complicated and contentious issues. Usually the latter situation can be anticipated during the legislative process as the bill is debated.

It is important that the state assembly maintain relationships that have been nurtured with the campaign’s allies and grasstops. View these alliances as an investment, rather than as a short term need that has passed. Ensure that these stakeholders remain supporters of the surgical technologist profession.
Appendices

Appendix A  Surgical Technologist Entry-to-Practice Model Bill
Appendix B  How a Bill Becomes Law
Appendix A

Surgical Technologist Entry-to-Practice Model Bill

Note: This is a sample only. The final language introduced in any state would vary from this model. Legislation should be introduced to the legislature only after discussions with the applicable AST State Assembly as well as all key stakeholders. AST State Assemblies that are interested in pursuing legislation are advised to examine this model and to contact the AST Government Affairs Department for more information about the legislative process prior to communications with legislators.

An Act relating to the surgical technologists.

SECTION 1. DEFINITIONS

(1) “Health care facility” means a hospital, ambulatory surgical center, or freestanding surgical outpatient facility [as defined by applicable state law(s)].

(2) For the purposes of this chapter, “surgical technologist” shall mean an individual who, under the supervision of a licensed health practitioner, is authorized to (i) maintain surgical instrument integrity from within the surgical field during surgical procedures; (ii) perform surgical support tasks, including instrument and equipment transfers and counts, and managing fluids, specimens and supplies; (iii) identify and correct asepsis; and (iv) perform other surgical tasks as directed.

SECTION 2. EDUCATIONAL AND CERTIFICATION REQUIREMENT

(1) A health care facility shall not employ or otherwise contract for the services of a surgical technologist unless the person:

(a) has successfully completed a nationally accredited surgical technology program; and

(b) holds and maintains a certification by the National Board of Surgical Technology and Surgical Assisting, or other nationally accredited credentialing organization.
SECTION 3. EXEMPTIONS

(1) This chapter does not prohibit a health care facility from employing or contracting for the services of a surgical technologist with a person who:

(a) is a licensed health care professional acting within the scope of his or her license;

(b) was employed to practice surgical technology on the effective date of this Act or during the six months immediately preceding the effective date of this Act;

SECTION 4. CONTINUING EDUCATION

(a) A person who qualifies to practice surgical technology in a health care facility under Section 3 must annually complete 15 hours of continuing education to remain qualified to practice as a surgical technologist.

(b) A health care facility that employs or contracts with a person to practice surgical technology shall verify that the person meets the continuing education requirements of Section 4 or that the person has holds and maintains the Certified Surgical Technologist credential as required in Section 2 (b).

SECTION 5. ENFORCEMENT

The Department of Public Health may promulgate regulations to enforce the provisions of this Act.

SECTION 6. EFFECTIVE DATE
This Act shall take effect twelve (12) months after its enactment.
Appendix B - How A Bill Becomes A Law

How a Bill Becomes a Law
Creating laws is the role of state legislatures. All laws in the United States begin as bills. Before a bill can become a law, it must be approved by a state’s House of Representatives or Assembly, the state’s Senate, and the Governor. How a bill becomes a law varies in every state, but below is the basic process. In some states, the House is called the Assembly. Members of the Assembly are referred to as Assemblyman.

Bill Begins
Laws begin as ideas. These ideas may come from a Representative or Senator—or from a citizen like you. Citizens who have ideas for laws can contact their Representatives or Senators to discuss their ideas. If the Representative or Senator agrees, they research the ideas and write them into bills.

Bill Is Proposed
When a piece of legislation he or she would like to propose, the bill needs a sponsor or, in some states, the sponsor is called a patron. Once a bill has a sponsor, it may be introduced.

Bill Is Introduced
In many chambers (i.e. Senate Chamber, House Chamber), a bill is introduced when it is placed in the “hopper”—a special box on the side of the clerk’s desk. Only legislators in leadership may introduce legislation.

When a bill is introduced, a bill clerk assigns it a number. A reading clerk then reads the bill to all the Representatives or Senators, and the Speaker of the House or Senate President sends the bill to one or more of the House or Senate standing committees. Sometimes it is very difficult to get a bill heard in committee and much grassroots support is needed to get the bill on the committee’s busy calendar.

Bill Goes to Committee
When the bill reaches committee, the committee members—groups of Representatives or Senators who are, hopefully, experts on topics such as health care, regulated professions, agriculture, or education,—review, research, and revise the bill before voting on whether or not to send the bill to the next step in the process, the floor for 2nd reading and 3rd reading.

In certain states, if the committee members would like more information before deciding if the bill should be sent to the floor, the bill is sent to a subcommittee. While
in subcommittee, the bill is closely examined and expert opinions are gathered before it is sent back to the committee for approval.

**Bill Is Reported**
When the committee has voted to approve a bill, it is sent—or reported—to the House or Senate floor. Once reported, a bill is ready to be debated by the full House or the full Senate.

**Bill Is Debated**
When a bill is debated, Representatives or Senators discuss the bill and explain why they agree or disagree with it. Then, a reading clerk reads the bill section by section and the Representatives or Senators recommend changes. When all changes have been made, the bill is ready to be voted on.

**Bill Is Voted On**
There are three methods for voting on a bill:
Voice vote: The Speaker of the House or Senate President asks the Representatives or Senators who support the bill to say “aye” and those that oppose it say “no.”

Division: The Speaker of the House or Senate President asks those Representatives or Senators who support the bill to stand up and be counted, and then those who oppose the bill to stand up and be counted.

Recorded: Representatives or Senators record their vote using the electronic voting system. Representatives or Senators can vote yes, no, or present (if they don’t want to vote on the bill).

If a majority of the Representatives or Senators say or select yes, the bill passes in the chamber. The bill is then certified by the Clerk of the House and delivered to the opposite chamber.

**Bill Is Referred to the Opposite Chamber**
When a bill reaches the opposite chamber, it goes through many of the same steps it went through in first chamber. The bill is discussed in a committee or three and then reported to the floor to be voted on.

If amendments are made in the second chamber, the bill must go back to the first chamber to be approved. Otherwise, if it passes the second chamber, it is sent to the Governor.
Bill Is Sent to the Governor
When a bill reaches the Governor, he or she has three or four choices, depending on the state.

The Governor may:

1. Sign and Pass the Bill—the Bill Becomes a Law.
2. Refuse to sign, or veto, the bill—the bill is sent back to the legislature, along with the President’s reasons for the veto. If the legislature still believes the bill should become a law, they can hold another vote on the bill. If two-thirds of the Representatives and Senators support the bill, the Governor’s veto is overridden and the bill becomes a law.
3. Do nothing (pocket veto), the bill automatically becomes law after a set amount of days.
4. Conditionally veto- the Governor signs the bill based on the condition that a legislature will make and approve the exact changes the Governor proposes to the law.

Bill Becomes a Law
If a bill has passed in both the House and Senate and has been approved by the Governor, or if a veto has been overridden, the bill becomes a law and is enforced by the government.